

## DUE PROCESS HEARING REQUEST FORM

*Please submit any request for a due process hearing to your district superintendent and to the Dispute Resolution Coordinator, State Department of Education, Division of Student Achievement and School Accountability, P.O. Box 83720, Boise, ID 83720-0027.*

*(You may use this form or submit a letter that includes the information below.)*

### A. General Information: (type or print)

Date of Written Request: \_\_\_\_\_ Date Received (completed by SDE): \_\_\_\_\_

Name of Individual Requesting Hearing: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Parent/Guardian of Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_

Name of District/Agency Hearing Request is Against: \_\_\_\_\_

#### Student Information:

#### District Information:

Student Name: \_\_\_\_\_ District Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

School Student Attends: \_\_\_\_\_

(Complete if the information is available):

Student's Attorney: \_\_\_\_\_

(Complete if the information is available):

District's Attorney: \_\_\_\_\_

